FOR INSTRUCTIONS, SEE BACK OF FORM	Reset F	orm	FORM		
DISCLOSURE SUMMARY PAG	E		DR-2	DISCLOSURE	
COMMITTEE NAME (Must be same as on Statement of Organ McCormick for Des Moines	nization)		Rev. 07/2003)	REPORT	-
		1 1	or Office Use O		ł
IMPORTANT: Indicate type of committee you are reporting for: 4					
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	1 1			- [
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City C (8)Support Slate of Candidates					-
CANDIDATE COMMITTEES ONLY:					-]
Candidate Name	Political Party	حاصيا.	\udited		-
Mark McCormick	N/A		ETHICS & CA	WAPAKEN BOARD	
Office Sought	District (if Senate or House)	1			
Mayor	,	1	DEC 23	2003	
	545 040 40	FILE	D		
Jerrold Wanek SIGNATURE OF TREASURER (or person filing this report)	<u>515_243_12</u> TELEPHONE	4	DATES	SIGNED 3,	 2003
Late filed reports are subject to	possible civil and cri	minal p	enalties.		
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENC	F.			
I AM FILING A January 19 report	PEROPT FOR ANYA (4) FLE	=:	(A)NON ELEC	TION VEAD	
(report date)	REPORT FOR ANIA (1) ELI	ECTION	(2)NON-ELEC	HON YEAR.	
Indicate one 2					
CHECK IF AMENDMENT TO REPORT DATED		_	mmittees, enter [- [
DOLEGY IL AMIENDIMENT TO KELOKI DATED			ber 7, 20		
			Local Committee ection is held	es, enter County in	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss		Willow Ele	ettori is ricia		
(For most contained to the reports until a rectice of block	oration to mea.)				1
STATEMENT CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as	OF CASH ON HAND is the total of all monies held the cash on hand at the end	<u> </u>	7117.	86	
of the last reporting period, or must be zero if this is fire	st report filed.)	\$	7 1 17.0	00	_
ADD TOTAL MONEY TAKEN IN THIS PERIOD			42070.00		
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind below)		43970.00		
Schedule F: Loans Received total (Attach Schedule F)		0.00		
Schedule H: Total Sales of Campaign Property (Attack	n Schedule H)		0.00		_
(Schedule H applies to Candidates' Comm	ittees Only)				
	SUB-TOT	AL\$	51087.	86	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD					_
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans be	low)	7194.84		
			43893.02		_
Schedule F: Loan Repayments total (Attach Schedule					_
CASH ON HAND at the end of this reporting period (if final repo		ø	0.00		
be zero) (Attach DR-3)		Ф			=
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00		- -
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu			6106.98		_
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			0.00		-
CANDIDATE COMMITTEES ONLY:	· · · · · · · · · · · · · · · · · · ·	Ψ			_
CONSULTANT BREAKDOWN (Schedule G Attached?)				s No	
	h Schodula !!\	Φ.	NI/A	١١٠٠ ـــــــ ١١٠٠	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	n Schedule H)	\$			

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
McCormick For Des Moines	

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/30/03	ID# CK#	Mark Feldman 321 E. Walnut Street Des Moines, IA 50309		\$500.00	
10/30/03	ID# CK#	James S.Cownie 141- 37th Street Des Moines, IA 50312		1000.00	
11/12/03	ID# CK#	Paula J. Stansberry 1100 Briar Ridge West Des Moines, IA 50265		100.00	
11/12/03	ID# CK#	Joseph A. Cacciatore 4410 Amick Des Moines, IA 50266		100.00	
11/12/03	ID# CK#	William C. Knapp 5000 Westown Parkway West Des Moines, IA 50266		37,000.00	
11/12/03	ID# CK#	Joseph S. Brick 550 - 39th Street Des Moines, IA 50312		250.00	
12/01/03	ID# CK#	James S. Cownie 141 - 37th Street Des Moines, IA 50312		2500.00	
12/02/03	ID# CK#	Kathy Tyler lowa Correctional Institution for Women Mitchellville, IA 50169		20.00	
12/02/03	ID# CK#	Samuel T. Wallace 1 Greenwood Terrace Des Moines, IA 50312		2000.00	
12/15/03	ID# CK#	Ned F. Chiodo 2913 Southern Hills Circle Des Moines, IA 50321		500.00	
			SUB-TOTAL	43970.00	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McCormick For Des Moines

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/26/03	CK#1080	lowa Workforce Development 1000 E. Grand Ave. Des Moines, IA 50319	State Unemployment Tax 3rd Quarter - 2003	\$ 132.09
10/26/03	CK#1081	Treasurer- State of Iowa Iowa Withholding Tax Processing PO Box 10411 Des Moines, IA 50306	State Withholding Payroll Tax - 3rd quarter - 2003	600.00
10/29/03	CK#EFT	lowa State Bank 627 E. Locust Ave. Des Moines, IA 50309	Bank Fees	78.00
10/31/03	CK#EFT	llowa State Bank 627 E. Locust Ave. Des Moines, IA 50309	Bank Charges	4.24
11/1/03	ID# CK#1082	Theresa Kehoe 1314 - 42nd Street Des Moines, IA 50311	Bookkeeping services	2135.50
11/2/03	ID# CK#1083	Sprint PO Box 219554 KAnsas City, MO 64121	Cell Phone Charges	13.55
11/19/03	ID# CK#1084	lowa Workforce Development 1000 E. Grand Ave. Des Moines, IA 50319	State Unemployment Tax 4th Quarter - 2003	105.52
11/19/03	ID# CK#1085	llowa State Bank 627 E. Locust Ave. Des Moines, IA 50309	Federal Tax Deposit Form 941 - 4th Quarter 2003	2915.22
	M		SUB-TOTAL TOTAL (if last page of this schedule)	\$ 5984.12 \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

Page	1	of	2
-			

EOD	INSTRUCTIONS	SEE BACK	$\cap E \cap PM$

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be	same as on	Statement	of Organization
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McCormick For Des Moines

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/19/03	ID# Illowa State Bank CK#1086 Illowa State Bank 627 E. Locust Ave. Des Moines, IA 50309 Federal Tax Deposit Form 940 - 2003		\$ 47.48	
11/19/03	CK#1087	Treasurer - State of Iowa lowa Withholding Tax Processing PO Box 10411 Des Moines, IA 50306	State Withhoding Payroll Tax 4th Quarter - 2003	585.00
11/28/03	ID#	llowa State Bank 627 E. Locust Ave. Des Moines, IA 50309	Bank Charges	4.24
12/10/03	^{CK#} 1088	Victoria Herring 4331 Greenwood Drive Des Moines, IA 50312	Reimbursment for Bulk Mail Permit	150.00
12/10/03	CK#1089	Victoria Herring 4331 Greenwood Drive Des Moines, IA 50312	Reimbursement for Rental of Post Office Box	24.00
12/10/03	CK#1090	Victoria Herring 4331 Greenwood Drive Des Moines, IA 50312	Reimbursement for Bill to Criterion 508 Web site development	400.00
	ID# CK#			
	ID# CK#			
h 			SUB-TOTAL	\$ 1210.72

SOR-TOTAL

TOTAL (if last page of this schedule)

\$ 1210.72 \$ 7194.84

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

_	2	_	2	
Page	_	of		

				8) INDEBTEDNESS
McCormick	For Des Moines		☐ CH	HECK THIS BOX
NOTE: Debts p Schedu	previously reported that remain unpaid must be included on this le, as well as any new obligations incurred in this period.	Reset Form		AMENDING DRM
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERIOR	-	goods or so received, be end of the regardless has been re	d debt" is a debt for ervices ordered or out not paid for by the reporting period, of whether an invoice eceived.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOOD SERVICES PROVIDED PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	None		\$	
		SL	JB-TOTAL \$	
			L	
	S PERIOD \$	0.00		
If actual figure is	unknown, show "estimated" beside the figure.		Page	l of ¹

SCHEDULE D

INCURRED

(for Schedule D)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTE	CTIONS, SEE BACK OF FORM E NAME (Must be same as on Statement of Or ck For Des Moines	SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS			
-			Reset Form	CHECK THIS BOX IF AMENDING FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
12/19/03	Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312	Self	Forgiveness of Loan	\$ 6,106.98		

SUB-TOTAL \$ 6,106.98

TOTAL (if last \$

6,106.98

OTAL (if last page of this schedule)

Page 1 of 1 (for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME(Must be same as on Statement of Organization)

McCormick for Des Moines

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

50	,000	\cap
- 00	, OOO	.oo

PART II -	MONETARY	LOAN RI	FPAYMEN	TS MADE	THIS RI	PORTI	JG PF	RIO

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

Reset Form

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
		\$	12/10/03	Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312	self	35,000.00
			12/19/03	Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312	self	8893.02
_		(Include Endorser's Name, If Applicable) TO CANDIDATE	(Include Endorser's Name, If Applicable) TO CANDIDATE OF LOAN (If Applicable*)	(Include Endorser's Name, If Applicable) TO CANDIDATE (If Applicable*) \$ 12/10/03	(Include Endorser's Name, If Applicable) TO CANDIDATE (If Applicable*) S Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312 Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312	(Include Endorser's Name, If Applicable) TO CANDIDATE (If Applicable*) S Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312 TO CANDIDATE* (If Applicable) Mark McCormick 4331 Greenwood Drive 12/19/03 Mark McCormick 4331 Greenwood Drive

TOTAL (PART I)

\$ 0.00

TOTAL CASH REPAYMENTS (PART II)

\$ 43893.02

From Schedule E -- TOTAL LOANS FORGIVEN

6106.98

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

0.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1 (for Schedule F)

SCHEDULE

F

(Rev. 07/03)

LOANS

RECEIVED

& REPAID

CHECK THIS BOX IF

AMENDING FORM